

Charter

North Central Regional Healthcare Coalition

Purpose of this Charter

This Charter is a statement of the scope, objectives and participants in the North Central Regional Healthcare Coalition (HCC). It outlines the mission of the HCC, identifies the stakeholders, provides a preliminary delineation of roles and responsibilities, and defines the authority of the HCC Coordinator. It outlines activities to enhance efficiency and effectiveness of preparedness and response for jurisdictional health and public health authorities in the North Central Regional HCC. It serves as a reference of authority for the future of the HCC.

The region served by the North Central Regional Healthcare Coalition includes the following Kansas county jurisdictions: Clay County, Cloud County, Dickinson County, Ellsworth County, Jewell County, Lincoln County, Mitchell County, Osborne County, Ottawa County, Republic County, Saline County and Smith County.

The purpose of the North Central Regional HCC is to bring together a multiagency and multidisciplinary group of entities and individuals in a healthcare system-wide approach to prepare for, respond to and recover from incidents that have a public health and medical impact in the short- and long-term. This single functional unit is focused on cooperative planning, information sharing and management coordination.

The HCC will enhance the region's ability to achieve emergency preparedness capabilities by providing a more coordinated and integrated strategic vision of public health and healthcare service. Through a system of planning and response, improved ability to leverage funding for applicable activities and infrastructure, the HCC may reduce burdens regarding duplicative/conflicting activities and redundant reporting.

Mission

The goal of the HCC is to promote and to enhance the emergency preparedness, response and recovery capabilities for "Point of service" medical care and other medically related services entities.

Coalition activities may include:

- Building relationships and partnerships.
- Provide notification to coalition membership of actual or potential incidents
- Education regarding regional/state communication systems capabilities
- Rapidly disseminate information
- Enhance medical system resiliency
- Enhance medical surge capacity in non- and emergent incidents

- Enhance patient transport system
- Provide resources to discuss strategic issues and make policy recommendations
- Assist in development of clinical guidance during incidents (e.g. crisis standards of care, allocation of scarce resources)
- Coordinating movement and utilization of existing resources.
- Disseminate resource needs of coalition membership
- Coordinate coalition response actions during actual incidents
- Coordinating training, drills and exercises.

HCC Membership

Membership: Membership in the HCC is open to all entities or individuals who are willing to work collaboratively on health and medical preparedness and emergency response activities. Membership is divided into two sectors based on primary response and recovery responsibilities during health and medical events. Voting members represent ESF 8 entities and associated medical associations.

Voting Membership: Each member representative or designee will have voting rights in the HCC and will be required to attend all meetings. Voting members will consist of:

- One regional hospital representative
- One regional long term care facility representative
- One regional EMS/Trauma representative
- One regional community health center or a Federally Qualified Health Center representative
- One regional public health representative.
- One regional emergency management representative
- One regional mental health representative
- One regional hospital system representative
- One regional coroner/mortuary service representative

Affiliate Membership: Affiliate members provide essential ancillary services to response and recovery. These members provide valuable collaborative planning and response information to the HCC. Affiliate members do not have voting rights and are not required to attend every HCC meeting. Affiliate members may include but are not limited to:

- Specialty service providers (e.g. dialysis, urgent care, surgery centers)
- Primary care providers
- Parish Nurse providers
- Support service providers (e.g. laboratories, pharmacies, blood banks, poison control centers)
- Home Health services
- Hospice
- Volunteer medical organizations (e.g. American Red Cross)

- School Nurses
- Volunteer Organizations Active in Disaster (VOAD) e.g. MRC,
- Faith-based Organizations (FBO) e.g. Ministerial alliances
- Private partnerships (e.g. corporate entities)

All individuals are invited and encouraged to attend the North Central Regional HCC meetings.

Voting membership responsibilities/expectations: Voting members are expected to attend every HCC meeting. If unable to attend, they will designate an alternate representative to attend the meetings. Representatives will:

- Be individuals with decision-making authority for the discipline they represent
- Disseminate meeting information to their individual members
- Attend regularly scheduled meetings.
- Participate in establishing priorities for the HCC
- Educate and inform member organizations on HCC activities.
- Participate in HCC-sponsored training exercises and drills.

Conducting HCC Business

Voting membership: Each Voting Member shall have one vote.

Quorum: A quorum necessary to conduct the business of the HCC shall consist of those Voting Members or designee participating in a meeting. A quorum may be achieved by Voting Members or designee being physically present at a site.

Votes on Issues: Passage of issues voted on by the HCC Voting Members requires a vote of Two-Thirds (2/3) of the Voting Members participating in the meeting. In the event of a tie vote, the North Central Regional HCC Coordinator will cast the tie breaking vote.

Electronic Voting: Due to unforeseen circumstances, it may be necessary to conduct online voting. After the online voting has been completed, the results will be sent out to all North Central Regional HCC members.

Changes to Charter: Passage of changes to this Charter or any other organizational document requires a vote of Two-Thirds (2/3) of **all** Voting Members.

Meetings

The North Central Regional HCC shall hold quarterly meetings. Special meetings may be convened at the request of the HCC Coordinator or the Chair.

Notice for regular quarterly meetings shall be provided to all members at least ten working days prior to the meeting. Notice for special meeting shall be provided at least five working days prior to the meeting. Notices shall include the time, place and objective of the meeting. No business at a special meeting may be transacted except as specified in the notice.

The meeting agenda for regular meetings will be developed. Minutes of all meetings shall be prepared and distributed to the membership.

HCC Leadership Roles

HCC Coordinator (Regional Hospital Coordinator): The HCC Coordinator is responsible for planning, implementing and evaluating HCC activities and is a non-voting member of the HCC except in the case of a tie when the HCC Coordinator will cast the deciding vote. Tasks of the HCC Coordinator include:

- Providing general oversight for HCC activities and associated projects;
- Management of HPP grants, including the preparation and submission grant documents such as work plan deliverables, and state and national reporting;
- Serving as the point of contact to the Kansas Department of Health and Environment (KDHE) and the Kansas Hospital Education and Research Foundation (KHERF); and
- Providing technical assistance to community hospitals and discipline representatives; promoting healthcare preparedness within the region, such as extending invitations to community partners to attend HCC meetings.

The HCC Coordinator shall collaborate with the elected leadership of the HCC to achieve its goals and objectives.

Chair: The Voting Members shall elect a Chair of the HCC. The Chair shall represent the HCC and shall collaborate with the HCC Coordinator in conducting the business of the HCC. The Chair shall work with HCC members to promote collaboration. The Chair shall represent the HCC on state committees. The term of office for the Chair shall be two years, assuming the office during odd years.

Vice-Chair: The Vice-Chair shall perform the duties of the Chairperson in their absence. The term of office shall be two years, assuming the office during even years.

Election of Officers: Election of officers shall take place every two years, or as necessary to fill a vacancy, the Essential Members shall elect a new Vice-Chair.

Elections shall be held in July of each year. Officer terms shall take effect at the beginning of the calendar year, January 1st.

Other Officers and Committees: The Voting Membership may create such other officers and such committees as it deems necessary to conduct the business of the HCC.

Additional Provisions

This Charter shall not supersede any existing mutual aid agreement or agreements.

This Charter shall not be interpreted or construed to create a legal relationship, association, joint venture, separate legal entity or partnership among the member bodies, nor to impose

any partnership obligation or liability upon any member. Further, no member shall have any authority to act on behalf of or as or be an agent or representative of, or to otherwise bind, any other member body.

No member of the HCC shall be required under this Charter to indemnify, hold harmless and defend any other member from any claim, loss, harm, liability, damage, cost or expense caused by or resulting from the activities of any HCC officer, employee or agent.

APPROVAL OF CHARTER: The North Central Regional HCC will become effective upon the ratification by the voting membership within the region. Participation in the activities of North Central Regional HCC constitutes assent to the terms of this charter.

Signature of HCC Voting Representatives: